



TRANSMITTAL FORM

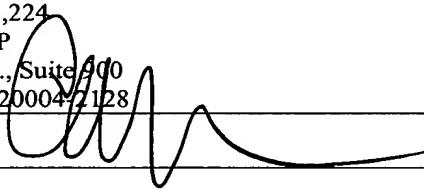
(to be used for all correspondence after initial filing)

		Application Number	09/777,845
		Filing Date	February 7, 2001
		First Named Inventor	Mark STEFIK, et al.
		Group Art Unit	3628
		Examiner Name	Frantzy Poinvil
Total Number of Pages in This Submission		Attorney Docket Number	111325-049 (020500)

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Carlos R. Villamar Registration No. 43,224 Nixon Peabody LLP 401 9 th Street, N.W., Suite 600 Washington, D.C. 20004-2128
Signature	
Date	November 9, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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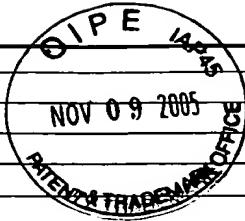
FEET TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **\$2,070.00**

<i>Complete if Known</i>	
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Art Unit	3628
Attorney Docket No.	111325-049 (020500)



METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number **19-2380**

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

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 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001	2001	Utility filing fee	
1002	2002	Design filing fee	
1003	2003	Plant filing fee	
1004	2004	Reissue filing fee	
1005	2005	Provisional filing fee	
SUBTOTAL (1)		(\$ 0)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	33	-24** = 9 X 50	= \$450.00
Independent Claims	6	-3** = 3 X 200	= \$600.00
Multiple Dependent		X 0	= 0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202	2202	25 Claims in excess of 20
1201	2201	100 Independent claims in excess of 3
1203	2203	180 Multiple dependent claim, if not paid
1204	2204	100 ** Reissue independent claims over original patent
1205	2205	25 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		\$1,050.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code (\$)	Fee (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1,100	2503	550
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$1,020.00

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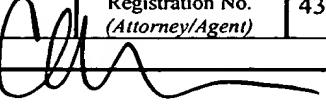
Date

Signature

Typed or printed name

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Carlos R. Villamar	Registration No. (Attorney/Agent)	43,224	Telephone	(202) 585-8204
Signature				Date	November 9, 2005

SEND TO: Commissioner for Patents
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